

Residential Remodel Building Permit Application

City of Maple Grove

Fax 763-494-6417 Phone 763-494-6060 12800 Arbor Lakes Pkwy, P.O. Box 1180 Maple Grove, MN 55311 For Office Use Only

Permit # ____

Permit Cost ____

Date Received ____

Applicable Code: 2015 MN Residential Code

Job Site Address:				
Legal Description: Lot Block Addition				
PROPERTY OWNER				
Name:				
Address:				
City:	State:	Zip: Phone #:		
CONTRACTOR				
Company Name:				
License #:Exp. Date:Lead Certification#:Exp. Date:				
Contact Person: Phone #: Email:				
Address:				
City: State: Zip: Office Phone #:				
PERMIT TYPE				
☐ Addition ☐ Dwelling Addn. ☐ Porch/deck ☐ Garage/Shed ☐ Pool	☐ Alteration ☐ Interior remodeling ☐ Basement finish	☐ Repair (Water/fire damage, foundations, etc.	☐ Demo \$50 ☐ Move \$200 ☐ Other	
Description of work:				

PRINCIPAL USE OF STRUCTURE

☐ Single Family	☐ Two Family	☐ Town House
		nsidered to be public information. Portions of specific reasons that would permit the City to e secrets.
2 Complete Sets of the Plan		
Energy Calculations (if applications)	able) – 1 copy	
1 set of all Engineered Truss I	Details and Engineered Beam	Calculations Designs – (if applicable)
2 Copies of the Survey with Proposed	d Addition (deck, porch, addi	tion, swimming pool, etc) drawn on
survey		
Estimated Value of Work Perform	od	
Estimated value of Work Performs	eu	
	plication. Permit valuations sha he permit is being issued, such	
work exempt from permit see MSBC 13	300.0120, Subp 4	
Fees and plan review are based of	on 2015 MN State Building	Code.
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Permit becomes void if the work do days.	oes not begin within 180 day	ys or is suspended at any time for over 180
or warranty, either implied or expressed,	, to any person as to the condition knowledges that this application	d do not constitute any representation, guarantee on of the building or conformance to applicable had been read and that the above is correct and Grove.
Periodic and/or final inspection of this w the applicant/permit holder to call the inspection.		ta State Building Code. It is the responsibility of rtment at 763-494-6060 to schedule an
permit and work is not to start without a perm begin within 180 days or is suspended at any ti	nit. I understand that the permit will ime for 180 days. I acknowledge tha	is complete and accurate. I understand that this is not a l expire and become null and void if the work does not t I am responsible to call for all required inspections and f Maple Grove and the laws of the State of Minnesota.
Applicant's Signature		Date